DOH-BES
Form 48 1/98

DUTY OF SUPPORT
SPOUSE INFORMATION FORM

G Active
G New
G Reopen
G Change
G Information Only

PROVIDING ACCURATE INFORMATION ON THIS FORM IS A CONDITION OF ELIGIBILITY FOR ASSISTANCE

Case Name (first, middle, last)	Social Security Number	D.O.B.
Address Zip Code	Phone	
Marital Status Date Date **G** Married **G** Separated **G** Divorce Filed **G** Divorced	Alimony/Support Ordered **G** Yes **G** No	Copy Attached **G** Yes **G** No

SPOUSE INFORMATION

Spouse's Full Name (first, middle, last)			Social Security Number	D.O.B.
Spouse's last known address Zip Code			As of what date?	Phone
Present/Last Employer _____ Address _____ _____	Type of Work	Salary	Date From	Date To

Benefits received: **G** Social Security **G** Retirement **G** Veteran **G** Unemployment **G** Other (specify):

Assets	Description	Acct. No.	Value/Equity
Checking Acct.	_____	_____	_____
Savings Acct/C.D.'s	_____	_____	_____
Stocks/Bonds/Mutuals	_____	_____	_____
Real Estate	_____	_____	_____
Personal Property	_____	_____	_____
Other Assets/Income	_____	_____	_____

(use back of form for additional information)

Spouse's excess share of assets $_____ Spouse Uncooperative_____ Spouse not located _____

REMARKS:

I understand that as a condition of eligibility for Medicaid, I must cooperate with the State of Utah by assisting in determining and obtaining that share of assets that I am legally entitled to from the above named spouse. I understand that if I fail to provide accurate and timely information, my medical eligibility could be denied.

I understand that by signing this form, I am authorizing all monies payable to me as part of my entitled share of assets, be paid to the Department of Human Services, Office of Recovery Services. That portion that may exceed the asset limit for eligibility will be used to first reimburse the Medicaid program for past expenditures. The remainder will be refunded to me within 10 working days. The Office of Recovery Services has my power of attorney to act in my name endorsing and cashing all drafts, checks, money orders or other negotiable instruments received by the Department as my share of assessed assets.

Signature _____ Date_____/_____/_____

Witnessed on this _____ day of _____, 19____.

_____
Witness/Case Worker